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CONFIRMATION NO. 2623

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|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/708,624 | <b>FILING OR 371(c)<br/>DATE</b><br>03/16/2004<br><b>RULE</b> | <b>CLASS</b><br>607 | <b>GROUP ART UNIT</b><br>3739 | <b>ATTORNEY<br/>DOCKET NO.</b><br>74701 |
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\*\* CONTINUING DATA \*\*\*\*\* *R. 10/1*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *R. 10/1*

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 \*\* 05/27/2004

|   |                               |                        |                       |                            |
|---|-------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>SWEDEN | SHEETS<br>DRAWING<br>7 | TOTAL<br>CLAIMS<br>24 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                        |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature <i>Ray D. Gibson</i> Initials   |                               |                        |                       |                            |

## ADDRESS

2352

## TITLE

Cerebral Temperature Control

|  |   |  |
|--|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>1014 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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